Return copy to:



Bank of America Government Card Services P. O. Box 53142 Phoenix, AZ 85072-3142 Fax: 1.888.678.6046

(Toll-Free in the U.S. and Canada)

Dispute/Billing Inquiry Form for Centrally Billed Accounts

Use this form for disputes and billing inquiries on Centrally Billed Account invoices. Questions? Call GCSU toll-free (1.800.472.1424) from the U.S. and Canada. Select option 1 from the main menu and then select option 5 from the customer assistance menu. If dialing from international locations, call collect (1.757.441.4124).

Section 1: Account	Infor	mat	ion																
Agency/Organization	Nam	e:	NA	SA P	URC	HASE	\ JP	L											
Central Account #:	5	5	6	8	<u> </u>	8	6	0	0	-	0	0	0	1	_	1	2	1	3
Transaction Account #:	5	5	6	8	 —	8	6	0	0	_	0	0			_				
Invoice Number:								9	Stater	nent	Date	:							
Section 2: Transact	ion I	nfor	mat	ion															
Reference Number				Dollar Amount			Transaction Date			Posting Date			Ticket Number/Vendor Name						
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
Reason Codes: <u>Disputed Transactions*</u>											ļ	<u>Billin</u>	ıg Inqu	<u>iires</u>					
(*Note: Transactions must be pla						•	of recei	pt of th	e invoid	e.)		_							
 A. The card/account holder does not recognize charge. B. The charge listed was not made by the card/account holder nor by any other person authorized to use this account. The Government did not receive any goods or services E. Request passenger name and/or ticket number F. Transfer to account listed in remarks. G. Request copy of sales draft for record purposes 																			
for this transaction. C. Although the card/account holder did engage in a transaction with the merchant listed, he/she has no knowledge of the particular transaction amount noted. (List details							n 3.												
below). D. The transaction listed	is a du	ıplicat	ion of	an au	thorize	d trans	saction	n that t	took pla	ace on									
(insert posting date): transaction is						The re	feren	ce # of	f the au	uthoriz	ed								
transaction is		_									•								
Section 3: Remarks																			
Section 4: Certificat	ion																		
I am enclosing a copy of all rehave received, along with de- reviewed this information an	elated etails o	of atter	mpts t	o resc	lve this	s matte	er with	the m	nerchai	nt. I ce	ertify th	hat th	e respe	ective					
Name: (Please print)			Loes	•	u uans	aouon	, 1110 11	JU3011		orized									
Contact Information:	<u> </u>	acı r		nercial	/21	8) 35	<u></u>	λ.			•		nercial	(219	3) 393	_5227			
(Including Area or Country Codes	3)			hone:		<i>0)</i>	7-V 4 Z						mber:	(010	,, 333	-5501	1		



Instructions for Billing Inquiry Form for Centrally Billed Accounts

Form Subject to GSA Approval

Purpose:	A/OPCs may use this form for disputes and billing inquiries on charges incurred on a centrally billed account only.					
Instructions:	Please print or type all information and return or fax to the address or number listed below:					
	Bank of America Government Card Services P. O. Box 53142 Phoenix, AZ 85072-3142 Fax: 1.888.678.6046 (Note: This fax number is toll-free if dialing from the U.S. or Canada)					

Section 1: Account Information

Agency/Organization Name – The name of the agency/organization associated with the Central Account Number.

Central Account Number – Enter the 16-digit central account number. This is also known as the billing account number.

Transaction Account Number – Enter the 16-digit transaction account number. This is the account number to which transactions are charged.

Invoice Number – The invoice number of the billing statement on which the disputed item or transaction in question may be found.

Statement Date – The date that the billing statement was generated.

Section 2: Transaction Information

Reference Number – The reference number for the disputed item or transaction in question. It is preceded by the abbreviation "REF" on the paper invoice.

Dollar Amount – The amount of the disputed item or transaction in question. It is located on the right-hand side of the paper invoice.

Transaction Date – The date that the disputed item or transaction in question was incurred. This date may be found on the paper invoice, in the center of the page directly above the detailed transaction information.

Posting Date – The date the disputed item or transaction in question posted to the account. This date may be found on the left-hand side of the paper invoice, directly above the detailed transaction information

Ticket Number/Vendor Name – The ticket number of the disputed item or transaction in question and/or the name of the vendor from which the item was purchased. The vendor name is located next to the posting date on the paper invoice. The ticket number, if applicable, appears to the right of the vendor name.

Reason Code – Select the option that best describes the reason for the dispute or billing inquiry.

<u>Dispute</u> – Reason codes A through D should be used to place a transaction in dispute. It is the agency/organization's responsibility to notify Bank of America of a disputed transaction within 60 calendar days of receipt of the invoice reflecting the transaction in question. The dispute process is governed by the applicable MasterCard or Visa Association regulations.

A. The card/account holder does not recognize charge: Self-explanatory.



Instructions for Billing Inquiry Form for Centrally Billed Accounts

Section 2: Transaction Information (continued)

- B. The charge listed was not made by the card/account holder nor by any other person authorized to use this account. The Government did not receive any goods or services for this transaction: Self-explanatory.
- C. <u>Although the card/account holder did engage in a transaction with the merchant listed, he/she has no knowledge of</u> the particular transaction amount noted: Self-explanatory.
- D. <u>The transaction listed is a duplication of an authorized transaction:</u> Indicate the date the transaction in question posted to the account. Please provide details (reference number, ticket number, vendor name) of the authorized transaction in Section 3.

<u>Billing Inquiry</u> – Reason codes E through H should be used to initiate a billing inquiry.

- E. <u>Request passenger name and/or ticket number:</u> The passenger name and/or ticket number are missing from the transaction in question.
- F. <u>Transfer to account listed in remarks:</u> The transaction has posted in error to the account. It should be billed to the account specified in Section 3 (Remarks).
- G. Request copy of sales draft for record purposes only: The transaction is valid, but a copy of the charge is requested for record keeping purposes.
- H. Other- Please detail below in Section 3: If reason codes A through G do not accurately describe the nature of the dispute or billing inquiry, use this reason code and then provide a detailed explanation in Section 3. Be as specific as possible.

Section 3: Remarks

Enter any additional information that will facilitate resolution of this dispute or billing inquiry. Be as descriptive as possible, including dates of any contact made with merchants, as well as summaries of any conversations with merchants. Indicate if you are including any supporting documentation with this billing inquiry.

Section 4: Certification

Name – The name of the individual authorized to initiate this dispute or billing inquiry.

Signature – Authorized signature.

Contact Information (Including Area or Country Codes) — The commercial office telephone and fax numbers of the individual who is authorized to initiate this dispute or billing inquiry. Include the applicable area code for domestic phone and fax numbers or the appropriate country code for international numbers.